

CHILD SUPPORT REPORT/REQUEST FORM

Due to the Privacy Act and our desire to maintain accuracy in your case, we would prefer that you request actions or information in writing. Rather than calling this office, please submit this form to the Child Support Unit requesting any information or documentation needed. You may *request or give* information using this form. The Child Support Unit will respond to you in writing within two weeks if you are requesting information.

Date: _____

Your Name: _____ SSN: _____

Your Address: _____

☐ Check if this is a **NEW ADDRESS** (City, State, Zip)

Your Telephone Number: (Home) _____ (Work) _____

Non-Custodial Party's Name(s): _____

I request the following:

☐ Enforcement - - Last payment was received on or around this date: _____

☐ I request a history of child support payments made.

☐ I want to know:

☐ I want to report:

Non-Custodial Party's Address: _____
(City, State, Zip)

Employer's Name: _____

Employer's Address: _____
(City, State, Zip)

Other: _____

Send form to: COUNTY DEPARTMENT OF HUMAN RESOURCES

RESPONSE

Date: _____

Dear _____ :

This is in response to your request:

Child Support Worker